West Virginia State Treasurer Report of Securities and Related Cash Form UP 8-9

Holder Name					FEIN Number				
Item No.	Stock Property Type Code	Cash Property Ty	Cash Property Type Code			Remitted Security Name			
	Otook Froponty Type Code	each repeny ry	1 , , ,						
Name of Unexchar	nged Shares (SC10) or Liquidated Sh	ares (SC13)	s (SC13)			Cusip No.		Interest Rate at Time of Escheat	
Share Price	No. of SC10 or SC13 Shares	Total Value of Sha	Total Value of Shares Remitted			Account Number			
Date of Last conta	ct or Periodic payments From: To:	Date of Birth	Owner Social	Security Num	ber	Remitted Sha	ares	Cash Remitted	
Owner Last Name		First Name	First Name		Title		Designate ownership: And Or Other		
Last Known Address		City	City		Zip		(If other specify below.)		
Complete additio	nal Owner boxes (below) if there is	s more than one Own	er for this prop	erty.					
Additional Owner Last Name		First Name	First Name Middle Initial		Additional Owner Social Security Number				
Item No.	Stock Property Type Code	Cash Property Ty	Cash Property Type Code			Remitted Security Name			
Name of Unexcha	nged Shares (SC10) or Liquidated Sh	ares (SC13)	(SC13)		Cusip No.		Interest Rate at Time of Escheat		
Share Price	No. of SC10 or SC13 Shares	Total Value of Sha	Total Value of Shares Remitted		Account Number				
Date of Last contact or Periodic payments From: To:		Date of Birth	Date of Birth Owner Social So		nber Remitted Sha		ares	Cash Remitted	
Owner Last Name		First Name	First Name		Title		Designate ov	nership: Or Other	
Last Known Address		City	City		Zip		(If other specify below)		
Complete additio	nal Owner boxes (below) if there is	s more than one Own	er for this prop	erty.					
Additional Owner Last Name		First Name	First Name		Additional Owner Social Security Number				
					ı				
Item No. Stock Property Type Code		Cash Property Ty	Cash Property Type Code			Remitted Security Name			
Name of Unexchanged Shares (SC10) or Liquidated Shares		ares (SC13)	(SC13)		Cusip No. Interest Rate at Time of Escheat		at Time of Escheat		
Share Price	No. of SC10 or SC13 Shares	Total Value of Sha	Total Value of Shares Remitted		Account Number				
Date of Last conta	ct or Periodic payments From: To:	Date of Birth	Owner Social	Security Num	ber	Remitted Sha	ares	Cash Remitted	
Owner Last Name		First Name	First Name		Title		Designate ownership: And Or Other		
Last Known Address		City	City		Zip		(If other specify below)		
Complete additio	nal Owner boxes (below) if there is	s more than one Own	er for this prop	erty.					
Additional Owner Last Name		First Name	First Name Middle Initial		Additional Owner Social Security Number				
		PA	PAGE TOTAL: Shares						
							Cash \$		
AGENCY USE ONLY FIMS# Deposit Date			ND TOTAL: than one page)	Shares			Cash \$		
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